



Planning & Design Loan Application

Applicant: _____

Tax ID Number: _____

NPDES Number (if applicable): _____

PWSID Number (if applicable): _____

Contact person/Title: _____

Address: _____

City _____ County _____ State IA Zip Code: _____

Telephone Number: _____ Fax Number: _____

E-mail address: _____

Amount of Loan Request: \$ _____ Clean Water SRF or Drinking Water SRF
(circle one)

Description of project:

Clean Water SRF (Sanitary Sewer)	Clean Water SRF (Storm Sewer)
<input type="checkbox"/> Treatment	<input type="checkbox"/> Storage/Detention
<input type="checkbox"/> Infiltration/inflow correction	<input type="checkbox"/> Treatment
<input type="checkbox"/> Sewer system rehabilitation	
<input type="checkbox"/> New collectors to existing communities	<input type="checkbox"/> Interceptor/Trunk Line
<input type="checkbox"/> New interceptors	<input type="checkbox"/> Collector
<input type="checkbox"/> Correction of Combined Sewer Overflow	<input type="checkbox"/> Other
<input type="checkbox"/> Non Point Source Project	

Drinking Water SRF	
<input type="checkbox"/> Treatment	<input type="checkbox"/> Storage
<input type="checkbox"/> Transmission & Distribution	<input type="checkbox"/> purchase or consolidation of systems
<input type="checkbox"/> Source (wells)	<input type="checkbox"/> land acquisition

Is the system under any regulatory compliance order? ☐ Yes ☐ No

What is the expected construction start date? _____

What is the expected project completion date? _____

Planning & Design Cost Breakdown

Administrative & Legal expenses	\$
Engineering Planning & Design expenses	\$
Relocation expenses	\$
Archaeological/Environmental	\$
Other- Specify	\$
	\$
	\$
Total Planning & Design Costs	\$
Planning & Design Loan Request	\$ (from front page)

PROFESSIONAL CONSULTANTS (provide if known)

Project Engineer: _____

Name of Contact Person: _____

Mailing Address: _____

City, State, and Zip Code: _____

Telephone Number: _____

E-mail address: _____

Bond Counsel: _____

Bond Counsel: _____

Mailing Address: _____

City, State, and Zip Code: _____

Telephone Number: _____

E-mail address: _____

Financial Advisor (if any): _____

Name of Contact Person: _____

Mailing Address: _____

City, State, and Zip Code: _____

Telephone Number: _____

E-mail address: _____

What is the anticipated method or methods of permanently financing the proposed project?

- ☐ State Revolving Fund Loan (SRF Construction Loan)
- ☐ Community Development Block Grant (CDBG)
- ☐ USDA/Rural Development (RD) Grant and/or Loan
- ☐ Other

If SRF was selected above, answer the following questions:

Type of debt requested (check one): G.O. _____ Revenue____ Combination _____

If GO – Has bond counsel calculated GO debt capacity for this project? ☐ Yes ☐ No

If Yes – enter debt capacity information

Constitutional Debt Limit \$ _____

Outstanding constitutional debt \$ _____

Constitutional Debt Capacity \$ _____

Remaining % of capacity left _____ %

If No – contact bond counsel ASAP to calculate your current GO debt capacity.

If Revenue: Do you have any outstanding debt payable from the system revenues? ☐ Yes ☐ No

If yes, please list:

Existing System Debt:

	Current Balance	Interest Rate	Year Issued	Maturity Date	Annual Payment (Principal + Interest)
Revenue Bonds					
Other Debt (Payable from System Revenues)					

Has bond counsel reviewed parity debt provisions for outstanding debt? ☐ Yes ☐ No

Have ordinances related to rates been adopted for financing this project? ☐ Yes ☐ No

If no – is the city planning on adopting new ordinances? ☐ Yes ☐ No

If yes – when will these ordinances be adopted? _____

If no – why are new ordinances not being adopted? _____

Does your system or city have a current bond rating? ☐ Yes ☐ No ☐ I don't know

If yes, what is it? _____

If yes, which rating agency rated your city? Moody's S&P Fitch

System Utilization for the most recent year:

	Number of Connections	Percentage of System Annual Usage
Residential		
Commercial		
Industrial		
Unmetered		

List any significant users or potential users who utilize more than 5% of the system, with approximate percentage of capacity attributed to each user.

Name of Individual/Business	Annual User Charge	Percentage of Capacity

Summary Statement of Revenue and Expenditures for System

REVENUES	2 years ago	Last Year	Current Year	Next Year	2 yrs from now
Residential					
Commercial					
Deferred Charges					
Other- <i>Explain</i>					

TOTAL REVENUES: \$ _____ \$ _____ \$ _____ \$ _____ \$ _____

EXPENDITURES:

Operation and Maintenance					
Depreciation and Amortization					
Other- <i>Explain</i>					

TOTAL EXPENDITURES: \$ _____ \$ _____ \$ _____ \$ _____ \$ _____

NET OPERATING INCOME: \$ _____ \$ _____ \$ _____ \$ _____ \$ _____

OTHER INCOME:

Interest					
Other: <i>Explain</i>					

TOTAL OPERATING AND OTHER INCOME: \$ _____ \$ _____ \$ _____ \$ _____ \$ _____

INCOME DEDUCTIONS:

Interest on debt					
Debt Retired					
Other- <i>Explain</i>					

NET INCOME: \$ _____ \$ _____ \$ _____ \$ _____ \$ _____

RETAINED EARNINGS:

Beginning of Year: \$ _____ \$ _____ \$ _____ \$ _____ \$ _____

Ending of Year: \$ _____ \$ _____ \$ _____ \$ _____ \$ _____

The applicant must enclose the following documentation with the completed application. Please check any that are not applicable.

Enclosed Not Applicable

_____ _____ One copy of user charge system and sewer use ordinance

_____ _____ Copy of 5-year capital plan if available

The undersigned is duly authorized to request this loan on behalf of the Applicant. The Applicant declares under penalty of law that all facts given and information attached are true and correct. The Applicant authorizes IFA to verify all information.

Authorized Signature _____ Date _____

Typed Name and Title _____